

Lymphedema Pump for Head and Neck

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<u>Coverage Policy</u>	DME 245
<u>Version</u>	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Lymphedema Pump for Head and Neck.

Description & Definitions:

Lymphedema pump for head and neck (e.g., Flexitouch) is a pneumatic compression device that stimulates the lymphatic system to move excess fluid throughout the body so it can be absorbed.

Criteria:

Lymphedema pump for head and neck (e.g., Flexitouch) is considered medically necessary for indications of **all of the following**:

- Individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a nonsegmented device in conjunction with a segmented appliance or a segmented compression device without manual control of pressure in each chamber.

Coding:

Medically necessary with criteria:

Coding	Description
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2019: November

Reviewed Dates:

- 2023: June

- 2022: June
- 2021: June
- 2020: July

Effective Date:

- March 2019

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). National Coverage Analysis (NCA). Lymphedema Pumps. CAG-00016N. (5.3.2001). Retrieved 6.15.2023. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=50>

(2023). TITLE 21--FOOD AND DRUGS, CHAPTER I--FOOD AND DRUG ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBCHAPTER H - MEDICAL DEVICES, PART 870 -- CARDIOVASCULAR DEVICES, Subpart F - Cardiovascular Therapeutic Devices, Sec. 870.5800 Compressible limb sleeve. (3.28.2023). US Food and Drug Administration. Retrieved 6.15.2023. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=870.5800>

(2023). Evolving Evidence Review. Sep 29, 2021. Flexitouch Plus System (Tactile Medical) for Lymphedema of the Head and Neck. Hayes, a symplr company. Retrieved 6.15.2023. <https://evidence.hayesinc.com/report/eer.flexitouch5177>

(2023). Search for Lymphedema Pump of head and neck. MCG, Informed Care Strategies. (2023). Retrieved 6.15.2023. <https://careweb.careguidelines.com/ed26/index.html>

(2023). NCD Pneumatic Compression Devices (280.6) Version 1, NCD: N2806v1 (MCR). (1.14.2002). Retrieved 6.15.2023. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=225>

(2023). LCD Pneumatic Compression Devices (L33829) Revision 10. LCD: L33829R010 (MCR). (10.1.2015). Retrieved 6.15.2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33829>

(2023). Durable Medical Equipment and Supplies Manual. Chapter IV. Covered Services and Limitations. Department of Medicaid Services. (7.13.2022). Retrieved 6.15.2023. <https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-10/Chapter-4%20Covered%20Services%20and%20Limitations%20%28DME%29.pdf>

(2023). Head and Neck Cancers. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Version 2.2023. National Comprehensive Cancer Network. (5.13.2023). Retrieved 6.16.2023. https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf

(2023). Ridner, S., Dietrich, M., Deng, J., Ettema, S., Murphy, B., Advanced pneumatic compression for treatment of lymphedema of the head and neck: a randomized wait-list controlled trial. Supportive Care in Cancer. Lymphology Association of North America. (6.2.2020). Retrieved 6.16.2023. <https://link.springer.com/article/10.1007/s00520-020-05540-8>

(2023). Gutierrez, C., Karni, R., Aldrich, M., Zhu, B., Morrow, J., Sevick-Muraca, E., Rasmussen, J., Head and Neck Lymphedema: Treatment Response to Single and Multiple Sessions of Advanced Pneumatic Compression Therapy. Otolaryngol Head and Neck Surgery. (4.2019). PubMed. Retrieved 6.16.2023. <https://pubmed.ncbi.nlm.nih.gov/30694720/>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice,

although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Lymphedema Pump for Head and Neck, SHP DME 245, lymphatic system, excess fluid, Flexitouch, pneumatic compression device, Lymphedema, Compression